## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FFE Commissioner for Pate

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Eax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION IEE (if required). Blocks, I through 5 should be completed where appropriate All further correspondance including the Paten, judgmen under and nonlineation and successful the mainteed to the current correspondance address as manifected unders, corrected below or directed observation is Block I, by on specifying a row correspondance address; and/or to blocked observation is Block I, by on specifying a row correspondance address; and/or to blocked observation is Block I, by on specifying a row correspondance address; and/or to blocked observation in Block I, by on specifying a row correspondence address; and/or to blocked observation is Block I, by on specifying a row correspondence address; and/or to block I by on specifying a row correspondence address as a specific part of the specific part of

| indicated unless corrected<br>maintenance for notification  | below or directed other   | rwise in Block 1, by (                            | a) specifying a new   | comus  | pondence address;  | and/or    | (b) indicating a sep    | scate "f  | FEE ADDRESS" 6  |  |
|---|---|---|---|--|--|-----------|-------------------------|---|---|--|
| t URREIST COOKEES/OHDENCE ADDRESS (Heet Vio Block 1 for any change of address)  |   |   |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Foe(s) Transmittal. This certificate cannot be used for any other accompanym pagers. Each additional apper, such as an usaignment or formal drawing, much eve its own certificate of mailing or transmission.   |           |                         |   |   |  |
| 943179 1998 91312597 PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3001 BRIARCLIPF MANOR, NY 10510   |   |   |   |  | Certificate of Maillag or Transmission I forceby certify that this Focts! Transmissi is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop-addressed to the Mail Stop ISSUE FEE address above, or being focusing manufacted to the USFPG [371] 273-2885, on the date indicated the the USFPG [371] 273-2885. on the date indicated the Service [371] 273-2885. |           |                         |   |   |  |
|   |   |   |   |  |  |           |                         |   |   |  |
|   |   |   |   |  |  |           |                         |   | (%ignosure)   |  |
|   |   |   |   | L  |  |           |                         |   | (Dose)  |  |
| APPLICATION NO. FILING DATE   |   |   | FIRST NAMED BIVE  |  |  | ATTOR     | NEY DOCKET NO.          | CON   | FIRMATION NO.   |  |
| 10/616,255 97/09/2003   |   | ·······   | Gerhard Spekownis   |  | PHD 98164A   |           |                         | 8008  |   |  |
| APPLIN, TYPE  | SMALL ENTITY  | RESIJE FEE DHE                                    | FURLICATION PEE   | DOX.   | PREV. PAID ISSUI   | FEE       | FOTAL FERS) DUS         |   | OATE DUS  |  |
| nonprovisional  | NO  | \$1400  | \$300   |  | \$0  |           | \$1700                  |   | 64/30/2007  |  |
| EXAMINER  |   | ART UNIT  | CLASS-SURCLAS   | 3  |  |           |                         |   |   |  |
| CROW, DOON Y  |   | 2629  | 345-690000  |  | í  |           |                         |   |   |  |
| Change of correspondence     CPR 1 363).  | e address or indication   | of "Fee Address" (37                              |   |  | atent front page, in   |           |                         | *************   | ***************************************   |  |
| Change of correspond<br>Address form PTO/SB/13  |   |   | or agents OR, alto  | EXISTS.                                      |  |           | v -                     |   |   |  |
| "Fre Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  | (2) the name of a single firm (having as a member a captured and the names of up to 2 registered abnown or a gentl and the names of up to 2 registered patent atterneys or agents, if no name is listed, no same will be praise.        |   |   |  |  |           |                         |   |   |  |
| 3. ASSIGNEE NAME AND  |   |   |   |  |  |           | ······                  |   |   |  |
| PLEASE NOTE: Unless<br>recordation as set furth in  | an assignee ly identifi<br>37 CFR 3.11. Comple  | ed helow, no assignee<br>tion of this form is NO  | data will appear en<br>T a substitute for film  | the pr                                       | rtent. U an assigni<br>assignment.   | ne is ide | stified below, the d    | ocumer  | it has been filed for   |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE, (CITY and STATE OR COUNTRY)   |   |   |   |  |  |           |                         |   |   |  |
| KONINKLIJKE PHI   | LIPS ELECTRON   | CS, N.V.  | EINDHOVEN, T  | HE :   | NETHERLANDS  |           |                         |   |   |  |
| Please cheek the appropriate  | assignée dategory er c  | atagorida (Will not be pa                         | rinted on the patent)   |  | Individual 22 Co   | rponation | s or other private gro  | up sati   | ty Government   |  |
| 4a. The following fee(s) are  | submitted;  | 41  | b. Payment of Feeis);   | (Pica  | se first reapply an  | y previ   | rusty paid issue fee    | shows   | above)  |  |
| X Issue Pee   |   | A check is enclosed.                              |   |  |  |           |                         |   |   |  |
| Advance Order - # of  | Payment by credit eard. Form FTO-2038 is attached.  The Director is hereby authorized to charge the required fects), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270. (enclose an extra copy of this form) |   |   |  |  |           |                         |   |   |  |
|   | ***************************************   |   | overpsyment, to   | Depo   | sit Account Numbe  | 14        | -1270 (enclose a        | n extra   | copy of this form)  |  |
| <ol> <li>Change in Entity Status</li> <li>Appheant claims Si</li> </ol>   |   |   | Ob. Applicant is n  | o lons                                       | eer chiming SMAI   | 1 ENTI    | TY status, See 37 C     | FR 1.27   | /tal/21.  |  |
| NOTE: The Issue Fee and P<br>interest as shown by the rees  | ublication Fee (1) requi  | ed) will not be accepto<br>s Patent and Trademark | d from anyone other t<br>Office   | han ti                                       | he applicant; a regi   | uesed at  | lorney or agent, or the | ro esesti   | nce or other party is   |  |
| Authorized Signature  | •••••   |   |   |  |  |           | 23, 2007                |   |   |  |
| Typed or printed name   |   | Registration No. 47,407                           |   |  |  |           |                         |   |   |  |
| This collection of informatis<br>in application. Confidential<br>ubinisting the completed at<br>his form and/or suggestions<br>ax 1450, Alexandria, Virg<br>Mexandria, Virginia 22313 |   |   | on is required to obtain 1.14. This collection of depending upon the collection of COMPLETED FORM | n or r<br>is est<br>indiv<br>office<br>48 TC |  |           |                         | I by the<br>og gathe<br>me yeu<br>artment<br>for Pate | USPTO to process<br>ring, preparing, and<br>require to complete<br>of Commerce, P.O.<br>onto, P.O. Bux 1450 |  |
| Inder the Paperwork Reduc   | tion Act of 1995, no pe   | raons are required to re-                         | spond to a policetion   | of infi                                      | ormation unless it o   | isplays : | valid OMB control       | numbe   | r.  |  |